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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	JDM-031118
First Named Inventor	Medsker
COMPLETE IF KNOWN	
Application Number	
Filing Date	September 23, 2003
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Powerchute Apparatus

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

[Redacted]

as United States Application Number or PCT International

Application Number [Redacted] and was amended on (MM/DD/YYYY) [Redacted] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Washington, DC 20231.



DECLARATION – Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label 30981 OR Correspondence address below

Name **Jovan N. Jovanovic**

Address **170 College Avenue, Suite 230**

City Holland	State MI	ZIP 49423
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Country US	Telephone (616) 355-0400	Fax (616) 355-9862
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) <i>James A.</i>	Family Name or Surname Medsker
---	--

Inventor's Signature *James A. Medske* **Date** *7/14/04*

Residence: City Lawton	State MI	Country US	Citizenship US
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Mailing Address **27454 County Road 358**

City Lawton	State MI	ZIP 49065	Country US
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) <i>Daniel J.</i>	Family Name or Surname Richardson
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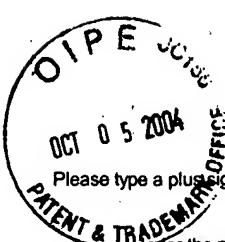
Inventor's Signature *Daniel J. Richardson* **Date** *7-14-04*

Residence: City Schoolcraft	State MI	Country US	Citizenship US
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Mailing Address **7953 West U. Avenue**

City Schoolcraft	State MI	ZIP 49087	Country US
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

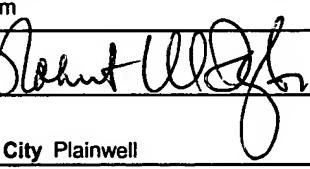
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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 2.

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Matt F.		Dautle	
Inventor's Signature			Date <u>14-5-04</u>
Residence: City	Three Rivers	State	MI
Country	US	Citizenship US	
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Mailing Address			
City	Three Rivers	State	MI
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Robert William		Taylor	
Inventor's Signature			Date <u>7-14-04</u>
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Country	US	Citizenship US	
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Mailing Address			
City	Plainwell	State	MI
ZIP	49080	Country US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Shawn R.		Brueshaber	
Inventor's Signature			Date <u>7-14-04</u>
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2.

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Benjamin M.		Marvin	
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Mailing Address			
City Constantine	State MI	ZIP 49042	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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John C.		Shimer	
Inventor's Signature	<i>John C. Shimer</i>		Date <u>7/14/04</u>
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Mailing Address			
City Three Rivers	State MI	ZIP 49093	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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